24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E) FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
Communications Workers of America Working Voices		C C00488486
		O consense
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Tell That Story	ı	Date of Public Distribution/Dissemination
Tell That Story		10 25 2016
Mailing Address 2120 Huntington Drive, Suite B		Amount
City State Zip Code		1878.00
South Pasadena CA 91030		Transaction ID : D33127 Date of Disbursement or Obligation
Purpose of Expenditure Direct Voter Contact - Text Msg. Category		10 / 11 / 2016
Name of Federal Candidate	Support Office S	Sought: House District: 02
CRAIG, ANGELA, , ,	Oppose P	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 669	6.91 Disburs 2016	ement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Hustle, Inc.		10 25 2016
Mailing Address 251 Kearny Street, Suite 300 Amount		
City State Zip Co	de	4818.91
San Francisco CA 94108	T	ransaction ID : D33133 Date of Disbursement or Obligation
Purpose of Expenditure Direct Voter Communication - Text Msg. Category		10 / 11 / 2016
Name of Federal Candidate	Support Office S	Sought: House District: 02
CRAIG, ANGELA, , ,	Oppose F	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 669	Disburs 2016	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Steffens, Sara, , , [Electronically Fi	led] Date 10	26 2016
Signature		